

Foster Family Home - Corrective Action Report

Provider ID: 1-210008

Home Name: Shirley Nieves-Acosta, NA

Review ID: 1-210008-1

94-1010 Kuakolu Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/29/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 3/1/21.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR/First Aid done on the internet for CG #1.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: David Ayling, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: SHIRLEY NIEVES-ACOSTA
(PLEASE PRINT)

CCFFH Address: 94-1010 Kuakulu Place, Waipahu, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(b)(8)	I received a current CPR/First Aid Certification for CA #1. I placed the certificate in my CCFFH binder.	2/1/21	I will always get my CPR/First Aid done at an approved school.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Shirley Nieves-Acosta

Date: 2/1/2021

☒ CTA has reviewed all corrected items